

**STATE OF IOWA
IOWA DEPARTMENT OF PUBLIC HEALTH
MIGRANT LABOR CAMP COMPLAINT FORM**

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| Please send reply to: Iowa Department of Public Health Division of Environmental Health/Migrant Labor Camp Program 321 E. 12th Street Des Moines, IA 50319-0075 | | | | |
| Please print or type | | PERSON REGISTERING COMPLAINT | | Provide all information |
| Name: | | | Home Phone: () | |
| Address: | | | Alternate Phone: () | |
| City: | State: | County: | Zip Code: | |
| COMPLAINT REGISTERED AGAINST | | | | |
| Migrant Labor Camp Operator: | | | | |
| Migrant Labor Camp Name: | | | | |
| Migrant Labor Camp Address: | | | Phone: | |
| City: | State | County | Zip Code | |
| Dates Employed at Migrant Labor Camp: | Start Date: | | End Date: | |
| DETAILS OF COMPLAINT | | | | |
| 1) Have you complained to the Migrant Labor Camp Operator or designated representative? Yes () No () When: _____ How: Telephone () Letter () Other () (please explain) _____ _____ _____ | | 3) Have you complained to any other organizations? Yes () No () Who: _____ When: _____ How: Telephone () Letter () Other () (please explain) _____ _____ _____ | | |
| 2) Did the Migrant Labor Camp Operator or designated representative respond? Yes () No () If yes, action taken: _____ | | Did they respond? Yes () No () If yes, action taken _____ | | |

Briefly state your complaint being as specific as possible including dates, time, locations, and all involved parties. Please attach additional sheets or photographs if necessary.

Signature: _____ Date: _____

State law stipulates that all inspection reports, including complaints, are public information and may be disclosed if requested.